FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL										
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l	OMB Number:	3235-0287									
l	Estimated average burden										
l	hours per response	: 0.5									

	Check this box if no longer subject
\Box	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* McFarlane Neil F.						2. Issuer Name and Ticker or Trading Symbol COLLEGIUM PHARMACEUTICAL, INC [COLL]									k all app	ationship of Reporti c all applicable) Director		erson(s) to I 10% Ov	
(Last) (First) (Middle) C/O COLLEGIUM PHARMACEUTICAL, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023										Officer (give title below)		Other (spec below)	
100 TECHNOLOGY CENTER DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) STOUGHTON MA 02072													X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											ended to		
		Table	I - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Disp	osed of	, or I	Benef	iciall	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date			Date,	3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instant 5)						cially 1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D) or P	rice	Reported				(
Common	2023			A		9,792(1) .	A	\$0		41,672		D						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	re Conversion Date Execution Date, T or Exercise (Month/Day/Year) if any				Transaction Number Code (Instr. of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		De Se (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct or India (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Code		v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	er								

Explanation of Responses:

1. Reflects the grant of restricted stock units. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. The restricted stock units vest on May 18, 2024, subject to the director's continued service with the issuer. The restricted stock units will be settled on such date, or, upon the election of the director, on the earlier of the end of the director's service on the Board of Directors, the director's death or disability, or a change in control of the issuer, in shares of the issuer's common stock.

/s/ Shirley R. Kuhlmann as

Attorney-in-Fact for Neil F. 05/19/2023

McFarlane

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.